

P21742.A05

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Marie-Christine MISSANA et al

Group Art Unit: 3738

Serial No : 09/980,120
(U.S. National Phase of PCT/FR00/01457)

Examiner: Unknown

Filed : November 30, 2001
(I.A. Filed May 29, 2000)

For : BREAST PROSTHESIS

REQUEST FOR EXAMINER APPROVAL OF DRAWING AMENDMENT

Assistant Commissioner of Patents
Washington, D.C. 20231

Sir:

Attached hereto are five drawing sheets illustrating figures 2-6 which includes changes to figures 2-6 indicated in red. These drawings are being filed concurrently with Applicants' Supplemental Preliminary Amendment. The Examiner is respectfully requested to indicate approval of the entry of the amended drawings in the next Office action.

Respectfully submitted,
Marie-Christine MISSANA

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3738
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Attorney Docket No. P21742

In re application of : Marie-Christine MISSANA et al.

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 (U.S. National Phase of PCT/FR00/01457)

Filed : November 30, 2001 Examiner: Unknown
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For : BREAST PROSTHESIS

THE COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

Sir:

Transmitted herewith is a Second Preliminary Amendment in the above-captioned application.

☐ Small Entity Status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a previously filed statement.

☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

☐ An Information Disclosure Statement, PTO Form 1449, and references cited.

☐ No additional fee is required.

☒ Request For Examiner Approval of Drawing Amendment (including 5 sheets of drawings)

The fee has been calculated as shown below:

Claims After Amendment	No. Claims Previously Paid For	Present Extra	Small Entity		Other Than A Small Entity	
			Rate	Fee	Rate	Fee
Total Claims: 54	*21	33	x 9=	\$297.00	x 18=	\$
Indep. Claims: 3	**3	0	x 42=	\$0.00	x 84=	\$
Multiple Dependent Claims Presented			+140=	\$0.00	+280=	\$
Extension Fees for Month				\$0.00		\$
Total:				\$297.00	Total:	\$

*If less than 20, write 20

**If less than 3, write 3

☐ Please charge my Deposit Account No. 19-0089 in the amount of \$_____.

☒ A Check in the amount of \$ 297.00 to cover the filing fee is included.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0089.

☒ Any additional filing fees required under 37 C.F.R. 1.16.

☒ Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136)(a)(3).

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